## A RESOLUTION BY FINANCE/ EXECUTIVE COMMITTEE

A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO ISSUE A REFUND TO RUBICON GROUP INC., IN AN AMOUNT NOT TO EXCEED ELEVEN THOUSAND FOUR HUNDRED DOLLARS AND FOUR CENTS ((\$11,400.04) FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES; ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FUND, DEPARTMENT ORGANIZATION AND ACCOUNT 1001 (GENERAL FUND), 200307 (NDP UNALLOCATED CITY WIDE EMPLOYEE EXPENSES), 5730012 (REFUNDS); AND FOR OTHER PURPOSES.

WHEREAS, Rubicon Group Inc., has paid local occupational (business) taxes from 2005 through 2008 in the amount of Eleven Thousand Four Hundred Dollars and Four Cents (\$11,400.04); and,

WHEREAS, Rubicon Group Inc., is exempt from the assessment of business taxes on revenue generated outside the State of Georgia and is requesting a refund in the amount of Eleven Thousand Four Hundred Dollars and Four Cents (\$11,400.04); and

WHEREAS, Rubicon Group Inc., has submitted supporting documents to the Office of Revenue to substantiate its claim; and

WHEREAS, the Office of Revenue investigated the claim and has determined that Rubicon Group Inc., is entitled to a refund in an amount not to exceed Eleven Thousand Four Hundred Dollars and Four Cents (\$11,400.04), for the collection arising from an overpayment of business license fees.

**THE CITY COUNCIL OF THE CITY OF ATLANTA, GEORGIA, HEREBY RESOLVES,** that the Chief Financial Officer is hereby directed to issue a refund to Rubicon Group Inc., in an amount not to Eleven Thousand Four Hundred Dollars and Four Cents (\$11,400.04), for the collection arising from an overpayment of business license fees.

**BE IT FURTHER RESOLVED,** that said refund shall be charged to and paid from Fund, Department Organization and Account number 1001 (General Fund) 200301 (NDP Unallocated Citywide Employee Expenses), 5730012 (Refunds).

# CITY OF ATLANTA DEPARTMENT OF FINANCE LICENSE DIVISION 55 Trinity Ave., S.W. Suite 1350 Atlanta, Georgia 30335-0317 Fax 404.658.7465

Dear

In order to correct your Business License Record, it will be necessary for you to submit an amended Application on your actual gross volume of revenue and number of employees for the period of time operated in the year in question. Use separate form for each year (limited to current year's estimate and two previous years.)

Please complete the following form in its entirety and mail to us at the above address.

## An Amended Application

License Number 0906 2816B year to	be amended: 2005
The Robics - Group I. 101 Mir. Business Name	Business Location Address
Dollar Volume to be amended to: \$ 104, 4	43 .00 > 2005 Actual Revenue
Employees to be amended to:	
Give reason for this request: We would	tilly reported total Company
	Address: See
Applicant's Signature	Michiel Wittlibria (Namo) Same 13 15 ore
	(Street Address)
Sworn to and subscribed before me this day of	(City) (State)
2	Current Telephone No: ( )
Notary Public,	Please return to:

# CITY OF ATLANTA DEPARTMENT OF FINANCE LICENSE DIVISION 55 Trinity Ave., S.W. Suite 1350 Atlanta, Georgia 30335-0317 Fax 404.658,7465

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## An Amended Application

icense Number 0906 28 66B year to be amended: 2007	
The Robins Group, Inc. 161 Months 5+ Ste 3525 Attende & A. Business Name  Business Location Address  34343	
Pollar Volume to be amended to: \$ 230 430 .00	
Imployees to be amended to:	
Give reason for this request: Reported in a read and the	
Mailing Address:  Mal 7111  Michael W. Hallager	•
Applicant's Signature (Name)  SATE	
(Street Address)	
Sworn to and subscribed before me this the  day of (City) (State)	
Current Telephone No: ( )	
Notary Public, Please return to: Name	سے ۔ ں

## BUSINESS TAX DIVISION

## REFUND REQUEST APPROVAL

ACCOUNT # & TYPE:	090628 LGB			
BUSINESS NAME	The Rubicon Group Inc			
REFUND REQUESTED	\$11,400,04			
Mailing Address:	101 Marietta Street Suite#3525 Atlanta, GA 30303			
SSN/FEIN	58-2444886 /			
CONFIRMED BY:	ALICE C. HUGHES			
DATE:	September 17, 2008			
EXPLANATION APPROVED BY	Customer reported revenue generated for 2005-2007.  Cone Bodilord  To Be Completed by Processor Only	Gary Donaldson		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DATE SENT TO ACCOUNTS I	PAYABLE:			
CHECK DATE & NUMBER:				
COMPLETED, COPIED & FIL	ED:Caples given upon req	nest only		

## CITY OF ATLANTA DEPARTMENT OF FINANCE LICENSE DIVISION 55 Trinity Ave., S.W. Suite 1350 Atlanta, Georgia 30335-0317 Fax 404,658,7465

Dear

In order to correct your Business License Record, it will be necessary for you to submit an amended Application on your actual gross volume of revenue and number of employees for the period of time operated in the year in question. Use separate form for each year (limited to current year's estimate and two previous years.)

Please complete the following form in its entirety and mail to us at the above address.

### An Amended Application

License Number 09062866B year to be amended: 2005	e e e e	
The fosices Group I.e. 10: Monette St. St. 3525 A: Business Name  Business Location Address	H. 1. 64 30363	
Dushios 14mic	4	
Dollar Volume to be amended to: \$ 187688,00	• .	
Employees to be amended to:		
Give reason for this request: Reported recorrect and	·	
Mailing Address:		
Applicant's Signature (Name)	tellores	´.
Applicant's Signature (Name)		
Applicant a dignature		
(Street Address	<b>)</b>	
(2011) Addition	,	
	•	
Sworn to and subscribed before me this the	-\	
day of (City) (Stat	e)	
2		
Current Telephone No: (	)	
Notary Public,		
	•	
Please return to:		
Act 9/10/08	Name '	

BILL/ACCOUNT SUMMARY INQUIRY

LICENSE/TAX NO.: 090628 LGB BUSINESS NAME: THE RUBICON GROUP, INC ACCOUNT STATUS: R C START DATE: 2001-07-15 END DATE:

LOCATION ADDRESS: 101 MARIETTA ST NW ATLANTA GA 30303 -

 
 COMPONENT INFORMATION
 | BILL
 Bill
 BILL
 DUE
 BALANCE

 RPT. DATE: 2008-01-01
 | NO
 DATE
 DATE
 DUE 7/8/9

 FILE DATE: 2008-03-26
 | ---- ----- ----- ----- 

 COMP. NO.: 000988851
 | 947054
 2008-09-12
 2008-10-15
 -\$11,400.04
 COMP. TYPE: DAT CLASS: 5 SIC CODE: 7372 | REMIT REMIT RELATED DATE SIC DESC: DATA PROC SOFTW | NO TYPE REMIT NO. ENTERED AMOUNT 10/11 NO. EMPLS.: 26 | ----- ---- -----\$230,430.00 | 487911 PAY 487911 2006-03-06 VOLUME: -\$9917.56 4/5

| CURRENT ACCOUNT BALANCE = -\$11,400.04

1=HELP 2= 3=PREV SCRN 4=COMP FRWD 5=COMP BKWD 6=MEMO LOG 7-BILL FRWD 8-BILL BKWD 9-DSPLY BILL 10-REMT FRWD 11-REMT Bkwd 12-PREV MENU

PHONE:

BLA188

ACCOUNT INFORMATION INQUIRY 09/17/08 16:43:53

LIC/TAX NO.: 090628 LGB BUSINESS NAME: THE RUBICON GROUP, INC

ACCT STATUS: R C NONP: NO TYPE/FEI/STI: CORPORATE

PRIMARY SIC: 7372 DATA PROC SOFTWARE MFG/SALES 5 START DATE: 2001-07-15

LIC ISSUED: 2008-04-11 PRG WKBAL: -\$11,400.04 END DATE:

VALID FROM: 2008-01-01 TO 2008-12-31 PRINTED: 2008-04-11 CREATED: 2001-09-20

LOC ADDRESS: 101 MARIETTA ST NW STE 3525 ATLANTA GA 30303

LOC IN OUT: I LOCAT PHONE: 678 553-1940

EMERGENCY CONTACT: MIKE HALLORAN EMERGENCY PHONE 678 916-4973

EMAIL:

ADDRESS:

MAIL ADDRSS: 101 MARIETTA ST NW STE 3525 ATLANTA GA 30303

MAIL ATTN:

PIN: 664053 ACCT PHONE: 678 553-1940 NAME OF LOC:

RETURN MAIL: DATE RETURNED:

AGENT NAME:

CORPORATION: THE RIBICON GROUP, INC. PHONE:

ADDRESS: 1100 SPRING ST NW STE 640 ATLANTA GA 30309

RECORD SUCCESSFULLY FOUND

1=HELP 2=SIC CODES 3=PRV SCRN 4=DBA 5=PERMITS

9=BILL SUMMARY 12=PRV MENU 7=ADJUSTMENT 8=PRINCIPAL

<u>Part II: Legislative White Paper:</u> (This portion of the Legislative Request Form will be shared with City Council members and staff)

### A. To be completed by Legislative Counsel:

Committee of Purview: Department of Finance

Caption: A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO ISSUE A REFUND TO RUBICON GROUP INC., IN AN AMOUNT NOT TO EXCEED ELEVEN THOUSAND FOUR HUNDRED DOLLARS AND FOUR CENTS ((\$11,400.04) FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES; ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FUND, DEPARTMENT ORGANIZATION AND ACCOUNT NUMBER FUND ACCOUNT CENTER 1001 (GENERAL FUND), 200307 (NDP UNALLOCATED CITY WIDE EMPLOYEE EXPENSES), 5730012 (REFUNDS); AND FOR OTHER PURPOSES.

Council Meeting Date: October 28,-29, 2008

Requesting Dept.: Department of Finance

### B. To be completed by the department:

1. Please provide a summary of the purpose of this legislation (Justification Statement).

Example: The purpose of this legislation is to anticipate funds from a local assistance grant to purchase child safety seats.

The purpose of this legislation is to refund business tax fees, paid in error.

2. Please provide background information regarding this legislation.

Example: The task force of homelessness conducted a study regarding homelessness, its impact and consequences on the City. This resolution reflects the Mayor's desire to open a twenty-four hour center that will respond to the needs of the homelessness in Atlanta.

The Rubicon Group, Inc. erroneously reported and paid Business Tax Fees on revenue generated outside the state from 2005 through 2008; and is requesting a refund in the amount of \$11,400.04.

- 3. If Applicable/Known:
- (a) Contract Type (e.g. Professional Services, Construction Agreement, etc): N/A
- (b) Source Selection: N/A
- (c) Bids/Proposals Due: N/A
- (d) Invitations Issued: N/A

(e) Number of Bids: N/A

(f) Proposals Received: N/A

(g) Bidders/Proponents: N/A

(h) Term of Contract: N/A

**4. Fund Account Center:** 1001 (General Fund), 200301 (NDP Unallocated - Citywide Employee Expenses), 5730012 (Refunds)

5. Source of Funds: Example: Local Assistance Grant

**6. Fiscal Impact:** This legislation will result in a reduction, in the amount of \$11,400.04 to 1001 (General Fund), 200301 (NDP Unallocated-Citywide Employee Expenses), 5730012 (Refunds).

Example: This	legislation will	result in a	reduction	in the	amount of	f to I	=und A	\ccount
Center Number								

7. Method of Cost Recovery: N/A

## Examples:

- a. Revenues generated from the permits required under this legislation will be used to fund the personnel needed to carry out the permitting process.
- b. Money obtained from a local assistance grant will be used to cover the costs of this Summer Food Program.

This Legislative Request Form Was Prepared By: Jerome Bodiford, Finance Department x6431, submitted by LaShawn Gardiner, x6449.

## TRANSMITTAL FORM FOR LEGISLATION

TO: MAYOR'S OFFICE	ATTN: GREG PRIDGEON
Dept.'s Legislative Liaison: LaShawn Gardiner	
Contact Number: (404) 330-6449	
Originating Department: Department of Finan	<u>ce</u>
Committee(s) of Purview: Finance/Executive	
Chief of Staff Deadline: Oct. 15, 2008	
Anticipated Committee Meeting Date(s): Oct. 2	9, 2008
Anticipated Full Council Date: Nov. 3, 2008	
Legislative Counsel's Signature: Jack Tilson	
Commissioner Signature:	J. T.
Chief Procurement Officer Signature:	
CAPTION	
RUBICON GROUP INC., IN AN AMOUNT HUNDRED DOLLARS AND FOUR CENTS (\$1 LICENSE FEES; ALL FUNDS SHALL BE CHAR	FINANCIAL OFFICER TO ISSUE A REFUND TO NOT TO EXCEED ELEVEN THOUSAND FOUR 1,400.04) FOR AN OVERPAYMENT OF BUSINESS RGED TO AND PAID FROM FUND, DEPARTMENT (ERAL FUND), 200307(NDP UNALLOCATED CITY JNDS); AND FOR OTHER PURPOSES.
FINANCIAL IMPACT (if any):	
Mayor's Staff Only	
Received by CPO:  (date)  Received by Mayor's Office: (date)  Submitted to Council: (date)	